

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365877	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Riverside Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1390 King Tree Drive Dayton, OH 45405	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48570</p> <p>Based on record review, staff interviews and policy review, the facility failed to ensure staff accurately documented the administration of a resident's narcotic medications in the medical record. This affected one (#802) out of three residents reviewed for medication administration. The facility census was 172.</p> <p>Findings include:</p> <p>Review of medical record for Resident #802 revealed an admitted [DATE] with diagnoses of paraplegia, incomplete, and pain in thoracic spine.</p> <p>Review of the plan of care dated 03/06/24 revealed Resident #802 is a paraplegic and to administer medications per medical providers orders and to observe for side effects and effectiveness.</p> <p>Review of Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #802 cognitively intact.</p> <p>Review of physician's order dated 03/07/24 revealed and order for Oxycodone HCl Oral Capsule 5 milligram (mg) give 2 capsules by mouth every 4 hours as needed for pain.</p> <p>Review of the Narcotic Sheet for Oxycodone HCl Oral Capsule 5 milligram (mg) for Resident #802 revealed two capsules were signed out on 03/13/24 at 6:30 A.M., 03/16/24 at 9:45 A.M., 03/18/24 at 12:55 P.M., 03/19/24 at 12:15 A.M., 03/21/24 at 2:00 A.M., 03/21/24 at 6:00 A.M., 03/24/24 at 1:30 A.M., 03/24/24 at 1:30 P.M., 03/26/24 at 2:00 A.M., 03/26/24 at 6:00 A.M., 03/29/24 at 1:30 P.M., 04/01/24 at 1:30 P.M., 04/03/24 at 12:00 A.M., 04/04/24 at 2:00 A.M., 04/06/24 at 1:45 A.M., 04/06/24 at 3:50 P.M., 04/07/24 at 2:00 P.M., 04/08/24 at 1:30 P.M., 04/09/24 at 2:00 P.M., 04/10/24 at 2:00 A.M., 04/10/24 at 6:00 A.M., and 04/11/24 at 2:30 P.M.</p> <p>Review of Resident #802's Medication Administration Record (MAR) for March 2024 revealed the Oxycodone HCl Oral Capsule 5 milligram (mg) two capsules was not signed off as administered on 03/13/24 at 6:30 A.M., 03/16/24 at 9:45 A.M., 03/18/24 at 12:55 P.M., 03/19/24 at 12:15 A.M., 03/21/24 at 2:00 A.M., 03/21/24 at 6:00 A.M., 03/24/24 at 1:30 A.M., 03/24/24 at 1:30 P.M., 03/26/24 at 2:00 A.M., 03/26/24 at 6:00 A.M., and 03/29/24 at 1:30 P.M.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #802's MAR for April 2024 revealed the Oxycodone HCl Oral Capsule 5 milligram (mg) two capsules were not signed off as administered on 04/01/24 at 1:30 P.M., on 04/03/24 at 12:00 A.M., on 04/04/24 at 2:00 A.M., on 04/06/24 at 1:45 A.M., on 04/06/24 at 3:50 P.M., on 04/07/24 at 2:00 P.M., on 04/08/24 at 1:30 P.M., on 04/09/24 at 2:00 P.M., on 04/10/24 at 2:00 A.M., on 04/10/24 at 6:00 A.M., and on 04/11/24 at 2:30 P.M.</p> <p>Review of the pain levels documented in the Electronic Medical Record (EMR) revealed on 03/13/24 at 11:25 A.M. a pain level of 4, on 03/16/24 10:00 A.M. a pain level of 2, on 03/18/24 12:54 P.M. a pain level of 8, on 03/21/24 at 8:49 A.M. a pain level of 4, on 03/24/24 at 3:42 P.M. a pain level of 10, on 03/26/24 at 5:49 A.M. a pain level of 8, on 03/29/24 at 12:08 P.M. a pain level of 7, on 04/01/24 at 1:30 P.M. a pain level of 9, on 04/02/24 at 10:30 P.M. a pain level of 0, on 04/06/24 at 12:45 A.M. a pain level of 0, on 04/06/24 at 12:56 P.M. a pain level of 7, on 04/07/24 at 3:21 P.M. a pain level of 7, on 04/08/24 at 1:04 P.M. a pain level of 10, on 04/08/24 at 1:37 P.M. a pain level of 0, on 04/09/24 at 1:50 P.M. a pain level of 10, on 04/10/24 at 6:00 A.M. a pain level of 2, and on 04/11/24 at 2:11 P.M. a pain level of 9.</p> <p>Interview on 05/02/24 at 11:42 A.M. with the Director of Nurse (DON) confirmed she was not aware of any narcotic issues. Interview with the DON also confirmed that she tells the nurses all the time that they are going to get in trouble for not documenting all narcotics given. Interview with the DON confirmed the EMR and the narcotic sign out sheets on Resident #802 do not match for 39 Oxycodone narcotics signed out on the narcotic sign out sheets.</p> <p>Interview on 05/02/24 at 11:50 A.M. with Licensed Practical Nurse (LPN) #31 confirmed when an as needed narcotic medication is requested, the process is to check the EMR to see if it is time for the medication to be administered, pull the drug from the narcotic drawer, sign it out of the narcotic sheet, administer the narcotic medication to the resident and sign in EMR it was given. LPN #31 stated then the nurse must follow up as to whether it was effective or not. Interview with LPN #31 confirmed he did not document in the EMR all the Oxycodone narcotics he administered to Resident #802. Interview with LPN #31 confirmed he did not misappropriate the Oxycodone, and that it was not intentional that the Oxycodone were not documented as administered in the EMR of Resident #802.</p> <p>Interview on 05/02/24 at 2:40 P.M. with Registered Nurse (RN) #80 confirmed nurses are to verify in the EMR when the last dose of a narcotic was given to ensure it is time to administer another dose. RN #80 stated then nurse is to pull the narcotic from the locked narcotic drawer, sign it out of the narcotic book, administer the medication to the resident and then document in the EMR the drug was administered. Follow up is to be documented in the EMR if the drug administration was effective or not.</p> <p>Interview on 05/02/24 at 2:42 P.M. with RN #110 confirmed nurses are to verify in the EMR when last dose of narcotic was given to ensure it is time to administer another dose. RN #110 stated then the nurse is to pull the narcotic from the locked narcotic drawer, sign it out of the narcotic book, administer the medication and documents in the EMR the drug was administered. Follow up is to be documented in EMR if the drug administration was effective or not.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Medication Administration policy, undated, revealed it is the policy of the facility to provide resident centered care that meets the psychosocial, physical and emotional needs and concerns of the residents. The purpose of this policy is to provide guidance for general medication administration to be provided by personnel recognized as legally able to administer. Staff will observe the Five Rights in giving each medication. Right resident, right time, right medication, right dose, and right route. Narcotics will be signed out when given. Documentation of medication will be current for medication administration.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00153299.</p>		